2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2008 08:00 AM **DOCUMENT # V05552** Secretary of State 1. Entity Name SOUTHERN SPORTSMAN & PAWN, INC. Principal Place of Business Mailing Address P.O. BOX 1284 7 MI, N. US HWY 19 N US CHIEFLAND, FL 32626 LIVE OAK, FL 32064 CR2E034 (11/05) No Chg-P 01152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3114968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STUCKEY, J. GARDNER DO NOT WRITE 120 11 ST LIVE OAK, FL 32060 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Sometime, byond or crimted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **UDDDDDD789185** FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 01/22/08-80015-017 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE STUCKEY, J. GARDNER NAME STREET ADDRESS 120 11 ST LIVE OAK, FL 32060 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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Date

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